

Maine Juvenile Fire Safety and Intervention Program

PARENT CHECKLIST

Please check the following statements/questions as they apply to your son or daughter.

Yes	No	Some times	Statement/Question
			My son or daughter has set more than one fire or has played with matches more than one time.
			My son or daughter has set fires outside of the home before.
			Other people in the home have set fires.
			My son or daughter is fascinated with fire (for example, often stares at flames).
			My son or daughter has misused or altered fireworks.
			My son or daughter has easy access to matches and/or lighters.
			There is a fireplace, wood stove, and/or candles or incense frequently in use in our home.
			My son or daughter fights with brothers and sisters.
			My son or daughter argues with parents/caregivers.
			My son or daughter has witnessed parents arguing.
			My son or daughter spends as much time as he/she would like with father/male caregiver.
			My son/daughter spends as much time as he/she would like with mother/female caregiver.
			There has been a traumatic experience in my child's life or family in the last year.
			There has been physical or sexual abuse in the family.
			The family has moved frequently.
			My son or daughter has special education needs.
			My son or daughter has been suspended/expelled from school.
			My son or daughter has few friends.
			My son or daughter is often picked on by others.
			My son or daughter ha friends who are a bad influence.
			My son or daughter has a history of lying.
			My son or daughter has stolen/shoplifted.
			My son or daughter destroys his/her own possessions.
			My son or daughter has been or is in counseling.
			My son or daughter is physically aggressive or hurts others.
			My son or daughter is physically aggressive or injured an animal.
			I feel like I have no control over my son or daughter.